



Name: _____

Today's Date: _____

Directions: Please answer the questions on the front and back. Your answers will help WIC determine your health and nutrition needs. All information is confidential.

FORM 132E (5/04)

1. What is the highest grade you have completed in school? _____
2. What was your due date? _____
3. What was your delivery date? _____
4. How much did your baby weigh at birth? [68/86]
_____ pounds _____ ounces
5. What did you weigh before you became pregnant?
_____ pounds
6. How much weight did you gain during this pregnancy?
_____ pounds [14]
7. What date did you have your first visit for prenatal care from a doctor or certified nurse midwife?
☐ date of visit: _____
☐ no prenatal care for the pregnancy
8. Who is your doctor? _____
9. How many pregnancies have you had, including the one just delivered? (count miscarriages, abortions, and stillbirths) _____
10. If you have been pregnant before this, what date did your previous pregnancy end? _____ [63◇]
11. Describe any medical conditions you have: [90's]

12. Check if these have happened during this pregnancy.
☐ diabetes [55] ☐ C-section [90 within 2 mo]
☐ twins [61] ☐ infant death or miscarriage [66]
13. Have you used street drugs or marijuana since the baby was born? ☐ no ☐ yes [80]
14. Does anyone in your household smoke inside the home? ☐ me ☐ someone else [Y]
☐ no one [N]
15. How many cigarettes do you smoke on an average day now?
☐ do not smoke
☐ number of cigarettes each day _____ [81◇]
16. Have you had alcoholic drinks since the baby was born? A drink is one glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.
☐ no
☐ yes, once or twice
☐ yes, 2 or more drinks on most days [82]
☐ yes, 5 or more drinks at least one time [82]

- [illegible]

22. Do you throw up or use laxatives to manage your weight? ☐ no ☐ yes [96]
23. Do you eat things that are not food, such as paint chips, laundry starch or dirt?
☐ no ☐ yes, describe _____ [48]
24. Do broken or missing teeth, gum disease or toothaches cause you to not eat some foods?
☐ no ☐ yes, list foods: _____ [95]
25. Did you run out of food or money to buy food in the last six months? ☐ no ☐ yes
26. What are your questions about food and nutrition?
27. What do you think you are doing well to feed your family and yourself?

*** More Diet Questions ***

28. Check any special diets you follow: ☐ none
☐ food allergy, list food: _____ [52]
☐ weight loss ☐ diabetic [91]
☐ vegetarian ☐ other _____

29. Check any supplements you take:
☐ none ☐ prenatal ☐ herbal _____
☐ iron ☐ calcium ☐ other _____

*** Diet Recall ***

- Write everything you had to eat or drink the day before your appointment. If this was not the way you usually eat, please write the foods you would usually eat in a day.
- Be very specific and write one food per line. See the example below.

TIME	FOOD	AMOUNT	FOR WIC USE ONLY							
			P R O T	C A L C	I R O N	V I T C	V I T A	O T H E R	G R A I N	E C A L
12:30 pm	sandwich meat (turkey)	2 slices								
	bread	2 slices								
WIC CLINIC USE		TOTAL (circle if low)								
		ADEQUATE - B	3	3	10	1.5	1	---	---	---
		ADEQUATE - N	2	3	10	1.0	0.5	---	---	---

Name: _____ WIC Staff (CPA): _____ Date: _____

WIC is an equal opportunity provider and employer.